RECEIVED
DEC 10 2018
STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Redfield Press		2. DATE Sept. 24, 2018
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 53	3B. ANNUAL SUBSCRIPTION PRICE $ $58.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 16 E 7th Ave Redfield, SD 57469		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 16 E 7th Ave Redfield, SD 57469		
6. FULL NAME OF PUBLISHER:		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: News Media Corporation	COMPLETE MAILING ADDRESS: 211 Hwy 38 E Rochelle, IL 61068	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	2192	2166
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	63	62
2. Mail Subscription (Paid and or requested)	1654	1629
3. Paid Electronic Copies	60	60
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1777	1751
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	75	75
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	40	40
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1892	1866
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	300	300
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	2192	2166

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Brule)

(Seal)

Sworn to before me this 25 day of Sept, 20 18

Notary Public

My commission expires: 3-11-22